





# Change Notice

DIRECTIVE AFFECTED: 5070.11  
CHANGE NOTICE NUMBER: 5070.11  
DATE: 12/31/97

1. PURPOSE AND SCOPE. To highlight the changes to the updated **Study and Observation Report** Program Statement.
2. SUMMARY OF CHANGES. The updated Program Statement no longer requires that Study and Observation reports be reviewed by regional offices. Additionally, language has been added which instructs staff to include the inmate's register number and docket number(s) pertinent to the inquiry on all correspondence addressed to a Federal court.
3. ACTION. File this Change Notice in the front of the **Study and Observation Report** Program Statement.

/s/  
Kathleen M. Hawk  
Director



# Program Statement

OPI: CPD  
NUMBER: 5070.11  
DATE: 12/31/97  
SUBJECT: Study and Observation  
Report

1. PURPOSE AND SCOPE. To describe the procedures the Bureau of Prisons shall follow to prepare a Study and Report on an inmate committed to its custody for that purpose pursuant to 18 U.S.C. 3552(b). These procedures also apply for a defendant committed by the court for a period of Study and Observation pursuant to 18 U.S.C. 4205(c) or 5037(d).

Procedures to follow for a court-committed defendant pursuant to 18 U.S.C. Chapter 313 (Offenders with Mental Disease or Defect) are contained in Chapter 9 of the Psychology Services Manual and in Chapter IX, Section 5 of the Health Services Manual.

2. PROGRAM OBJECTIVES. The expected results of this program are:

a. Information concerning an inmate's mental health status and recommendations will be provided to the court upon request.

b. Appropriate Bureau staff will provide timely and accurate responses to referral questions and concerns addressed by the court.

c. All Study and Observation reports will be forwarded to the courts in a timely manner.

3. DIRECTIVES AFFECTED

a. Directive Rescinded

PS 5070.07      Study and Observation Report (8/12/92)

b. Directives Referenced

PS 5100.06	Security Designation and Custody Classification Manual (6/7/96)
PS 5216.01	Juvenile Delinquents, Juvenile Justice and Delinquency Prevention Act (8/1/95)
PS 5310.12	Psychology Services Manual (8/13/93)
PS 6000.05	Health Services Manual (9/15/96)

4. STANDARDS REFERENCED

a. American Correctional Association 3rd Edition Standards for Adult Correctional Institutions: 3-4349.

b. American Correctional Association 3rd Edition Standards for Adult Local Detention Facilities: None.

c. American Correctional Association 2nd Edition Standards for Administration of Correctional Agencies: None.

d. American Correctional Association Standards for Adult Correctional Boot Camp Programs: 1-ABC-4E-27.

5. PRETRIAL/HOLDOVER PROCEDURES. Procedures required in this Program Statement are not applicable to pretrial inmates. Study and Observation cases who are in holdover status should be expeditiously transported to the designated facility to ensure report time frames are met.

6. STUDY AND REPORT UNDER 18 U.S.C. 3552(b). A sentencing court may order the Bureau to complete a Study and Report on a defendant who has been found guilty. The purpose of this Study and Report is to provide additional information which will aid the court in imposing a final sentence. Ordinarily, the court will specify what information it requires to assist in the final determination of sentence.

The Study and Report will inquire into those matters specified and any other information the Bureau evaluator believes is important concerning the application of sentencing guidelines and policy statements issued by the Sentencing Commission. Since the actual calculation of the sentencing guidelines is a court-related function, recommendations on the guidelines and policy

will ordinarily focus on identifying and weighing sentencing factors to assist the court in sentencing. Examples of common factors for consideration include, but are not limited to:

- # mitigating and aggravating circumstances,
- # unusual characteristics of the defendant, and
- # new information which may affect the guidelines.

Recommendations provided in the Study and Report shall not be specific as to numerical calculations or recalculations of sentencing guideline elements.

The results of the Study and Report are to be furnished to the referring court within 60 days, unless the court grants an extension for further study. An extension may not exceed an additional 60 days. The time for the Study and Report begins upon imposition of the provisional sentence or, in the case of self-commitment, the court-specified voluntary surrender date.

a. Designation

(1) Upon receipt of the request for designation from the U.S. Marshal, the Community Corrections Manager (CCM) shall communicate to the Central Office Medical Designator what information the court desires to determine the final sentence. This information is crucial in facilitating the evaluation process and determining the most appropriate facility for completing the Study and Report.

The Central Office Medical Designator shall designate the most suitable facility closest to the court, compatible with the offender's security and custody needs and available institution resources. The Central Office Medical Designator shall notify the CCM of the designation, who in turn shall notify the U.S. Marshal.

Following the designation, the CCM shall forward to institution staff all available documents which may include, but are not limited to:

- Judgment in a Criminal Case (J&C), referral letter and essential background information (e.g., copies of previous evaluations)

- Presentence/Postsentence Report
- Pretrial Services Report
- Other relevant information provided in written form by family, friends, or supervisors
- Written communication to institution staff about the specific objectives of the study
- The Arrest Report or any other law enforcement agency reports pertaining to the instant offense

This information is essential in completing the background sections of psychological and psychiatric reports, as well as giving an indication of the defendant's behavioral pattern in the community.

(2) Medical and/or psychiatric referral centers are to be designated only for those cases who have medical constraints, a recent history of serious mental disorder, or intensive psychological or psychiatric treatment needs, or when there is a specific judicial interest in having the evaluation performed in a referral center. The CCM must refer Study and Report cases to the Central Office Medical Designator, who is responsible for designating medical centers.

(3) Ordinarily, the inmate will arrive at the designated institution within 10 days of designation. If the inmate does not arrive within 15 days of designation, the receiving institution must contact the CCM for assistance.

The Warden shall designate a staff member, ordinarily the Case Management Coordinator, to be responsible for initiating such contact, as necessary. That staff member shall also be responsible for requesting extensions and monitoring progress and suspense dates of the Study and Report.

b. Study and Report Cases With Referral Questions. The primary report prepared by the institution staff is the Study and Report (Attachment A). The referral questions shall be responded to by an appropriate staff member in the report. A psychological evaluation using the General Outline for Psychological Evaluation (Attachment B) and, if requested or clinically indicated, a

psychiatric evaluation using the General Outline for Psychiatric Evaluation (Attachment C) shall be completed.

Psychological evaluations should be prepared by a licensed psychologist and psychiatric evaluations should be prepared by a board-certified psychiatrist. Clinical interns may be involved in the process, but the evaluations should be completed primarily by a licensed psychologist or a certified psychiatrist.

Other reports or evaluations that may be part of a Study and Report include an educational assessment, medical evaluation, vocational evaluation, or other reports prepared by the appropriate discipline. The need for, and content of, such evaluations, of course, will depend on the objectives of the study and the nature of the court's questions. The staff member responsible for completing each section of the report shall sign for that section, as well as for the referral questions for which he or she is responsible.

c. Study With No Referral Questions

(1) Should the court have no specific objectives for the study, and efforts to secure referral questions have been unsuccessful, the Bureau will provide the court a report which includes any information the evaluator believes is pertinent to the factors set forth in 18 U.S.C. 3553(a).

(2) The assigned Case Manager shall prepare the observation section. It will ordinarily include information about the:

- inmate's response to supervision,
- respect for authority,
- relationships with staff and other inmates,
- openness with staff,
- kinds of associations the inmate has chosen,
- use of leisure time,
- attitude,
- work performance, and
- other significant behavior which may be relevant and important to 18 U.S.C. 3553(a).

7. MANAGING THE STUDY AND REPORT

a. The Warden shall assign the study to a staff member, ordinarily an Associate Warden, who is responsible for:

- (1) Ensuring quality control;
- (2) Ensuring timely completion of the study;
- (3) Ensuring the standards specified by policy have been satisfied;
- (4) Ensuring the court's objectives have been met;
- (5) Preparing the final transmittal letter to the court;  
and,
- (6) Notifying the U.S. Marshal and CCM that the inmate is ready for return to court.

b. Even though the internal management of the study is the assigned Case Manager's responsibility, a study committee comprised of other appropriate staff identified by the Associate Warden shall be formed. The committee ordinarily will be the Unit Team (Unit Manager, Case Manager, Correctional Counselor, Psychologist, and Education Staff). Other staff (e.g., medical, Case Management Coordinator) may be required to attend the initial and final staffings. The committee shall evaluate the case, assign specific responsibilities for answering referral questions, and ensure that the court's concerns are resolved and fully addressed.

c. The Case Manager shall schedule the different evaluations that may be required and have the responses prepared in draft in the Study and Report format. It may be necessary for the Associate Warden to support the Case Manager in scheduling the different evaluations. The report shall be forwarded to the study committee for review and approval. Once approved and made final, staff shall sign their reports and forward them to the appropriate Case Manager for routing to the Warden.

d. The Warden shall sign the transmittal letter and forward it and two copies of the Study and Report to the court. General guidelines for a transmittal letter are specified in Attachment

D. A completed copy of the entire Study and Observation Report shall be maintained in the inmate central file, FOI Exempt, section 2.



Note: All correspondence addressed to a Federal court shall include the inmate's register number and docket number(s) pertinent to the inquiry.

e. When the court makes a special request for a study to be completed in the community, the CCM shall work closely with the court and offer assistance when appropriate to assure successful completion of the study. If, at any time, the CCM is concerned that a study case might be too complex to be accomplished in the community, the CCM should contact the Community Corrections Regional Administrator, who may contact the Central Office Medical Designator for assistance and clarification.

/s/  
Kathleen M. Hawk  
Director

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

Study and Report

Institution:

Date:

Name:

Register Number:

Docket Number:

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Prepared For: Name of Judge and District Court

Purpose of Study: First sentence should reflect the date on which the subject was sentenced, maximum term and offense. Cite the specific purpose of the Study and Report.

Observation: If no referral questions are presented by the court, the Case Manager will prepare this section of the report. This section will ordinarily include information regarding the inmate's response to supervision, respect for authority, relations with other inmates and staff, openness with staff, kinds of associates the inmate has chosen, the use of leisure time, attitude, work performance, and other significant behavior.

Psychological Evaluation: This will consist of a concise synopsis of the information contained in the general outline for the psychological evaluation (Attachment 2); a copy of which will be attached in its entirety. This evaluation will be included in all Study and Reports.

Psychiatric Evaluation: If the court requests a psychiatric evaluation, or if there is a clinical indication that one should be conducted, then provide a synopsis of the psychiatric evaluation (Attachment 3). This will be a concise synopsis, in lay terminology, of the complete report; which will be attached in its entirety. Please note that courts will often request a psychiatric report, using this term to mean psychiatric or psychological. The Medical Designator should verify through the Community Corrections Manager that the court specifically intended a psychiatric report and not a psychological report.

Other possible topical headings: This may include an educational assessment, medical evaluation or other report prepared by the appropriate discipline.

Referral Questions and Answers: This section of the report will list the referral questions and responses. This section should be prepared by the Case Manager.

Staff Signatures: Staff who are responsible for preparing the evaluations in the report and responses to the referral questions will sign their specific evaluations, and will sign for their sections of the Study and Report.

For example, on the final page of the Study and Report, the following signature blocks would appear:

Psychological Evaluation and responses to referral questions 3, 5 and 6 prepared by:

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JOHN DOE, Ph.D.  
Staff Psychologist

Psychiatric Evaluation and responses to  
referral questions 1, 2, and 7 prepared by:

---

JUDY JONES, M.D.

Responses to referral questions 4 and 8  
prepared by:

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ANN SMITH  
Case Manager

Reviewed by:

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CHARLES BROWN  
Unit Manager

GENERAL OUTLINE FOR PSYCHOLOGICAL EVALUATION

Name of Facility  
Location of Facility

Name: \_\_\_\_\_

Register Number: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Evaluation:

Tests Administered:

- 1.
- 2.
- 3.
- 4.
- 5.

Reason for Referral: Identify defendant by name, age and race and/or ethnic group. Identify source of referral; (e.g., U.S. District Court); length of evaluation; the sentencing code; and offense, if applicable. List referral questions, or indicate no referral questions.

Findings: (May include the following):

Background Information: Write a concise history of the individual, and clearly identify any contact with mental health professionals and pertinent history information. Indicate whether or not the obtained interview history agrees with the Presentence report and interview information. Write a very short history and state that the historical material is in the Presentence Report.

Behavioral Observations: Comment upon behavior during the clinical interview and testing sessions. List verified staff observations of the inmate outside of the evaluation sessions, both positive and negative.

Mental Status: Identify the presence or absence of significant psychiatric symptomatology or pathology. Areas should include

orientation, presence/absence of hallucinatory activity, delusions, affect, judgment, internal control, etc.

Organicity and Intellectual Functioning: Identify the level of intelligence. Professional judgment is to be exercised when revealing specific IQ or general intelligence level. Comment upon the presence or absence of brain damage, motor impairment, organic disorder and other related physical disorders, and whether treatment could be beneficial or corrective.

Personality: Identify personality strengths/weaknesses within a context of personality/behavioral dynamics. This may be the longest section, and the professional has the greatest latitude for description of the client. If specific dynamics are identified, such as behavioral or historical correlates, a clearer picture will be conveyed to the nonprofessional reader. Be careful of excessive or misinterpretable jargon.

Response to Referral Questions: This section is to be used only if specific questions have been asked. If there are not questions, then omit this section and place findings in the conclusion section.

Diagnostic Impression: Use DSM-IV-R, providing a complete explanation of the decision/data basis for all diagnoses.

Conclusion: Use one line to identify the case and referral issues. Describe in clear and unambiguous terms the general findings and abbreviated specific results. Treatment recommendations, if any, are to be as specific as possible. In order to avoid any misinterpretation of our response to the court, mental health staff should also consider other relevant factors, including those not specifically related to treatment goals, when formulating recommendations.

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GENERAL OUTLINE FOR PSYCHIATRIC EVALUATION

Identifying Information:

Name, date of referral, reason for referral, authorization for referral, type of evaluation, duration of evaluation (extension, if any), charges, and specific questions of the court.

Extent of Data Base:

Number of interviews/number of hours, on how many occasions, and by whom. Type of interview (individual vs. group). What collateral information was available (legal, medical)? Any special limitations on the study situation.

Background Information:

Date of Birth and place. Family position. Parents. Siblings (then and now).  
Geography. Socioeconomic situation.  
Childhood behavior, experiences, illnesses.  
Education, work history, criminal history/previous legal experience, drug/alcohol history, marital history/sexual orientation, problems, medical history, psychiatric history.  
Patient's account of crime and other information available about it (focus to include behavior, emotional status, etc.).

Course in Institution:

Description of types of exams and results of psychological testing and/or medical/neurological/laboratory studies. Specific problems (injuries, illnesses, etc.) during study period.  
Observations of defendant's behavior, staff relationships, and inmate interaction. Mental status exam (positives and negatives) upon admission and any changes over the course of the study.  
Patient's reactions, attitudes toward evaluation. Any use of medication.

Impression:

Diagnosis Axis I, II, III and IV.  
Explanation of diagnoses.  
Explanation of "big picture" (what data led you to believe).  
Discussion of criminal responsibility.  
Discussion of other specific questions.  
Address dangerousness issue if appropriate.

Treatment Indicated:

Medical recommendations; other follow-up advice, warnings.

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GENERAL GUIDELINE FOR TRANSMITTAL LETTER

Paragraph 1:

This paragraph will state that we are forwarding two copies of the Study and Report. It will mention the date of the sentence, type of sentence, the offense, arrival date at the facility and the date the case is due in court (to include any extension information).

Paragraph 2 (and additional paragraphs, if needed):

This paragraph will briefly respond to the court's referral questions, highlighting major findings. If no questions were posed by the court, then summarize the findings of the clinical evaluation and any pertinent information from the observation process.

Final Paragraph:

Inform the court that we will provide any additional information the court may need.